

GEORGE PRINGLE MEMORIAL CAMP SOCIETY

CAMP SPONSORSHIP

SPONSORSHIP PROGRAM

George Pringle Memorial Camp wants every child interested to be in a position to attend their Summer Camp. This sponsorship program is designed to assist a family who would like to have their child attend, finds the full fee unmanageable and their home church is unable to provide the necessary financial help. **To apply you must meet the criteria of the Bursary Policy published November 2016.**

Camp Pringle is a charitable non-profit organization, receiving funding from private contributors who support this program. We **do not** receive Corporate or Government funding.

APPLICATION PROCEDURE

1. Read the Bursary Policy to ensure your eligibility.
2. Complete the applicable registration form which you will find on our website, www.camppringle.com.
3. Complete the "Application for Camp Sponsorship".
4. We require a copy of your Tax Assessment sheet from your Income tax return-T1 Gen. to be sent with the Camp Sponsorship form.
5. Complete your on-line registration, complete your portion of the payment at least one month prior to the camp and submit your bursary application for Camp Sponsorship to:
George Pringle Memorial Camp
2520 W Shawnigan Lake Rd
Shawnigan Lake, BC
V0R 2W3
or by email to director@camppringle.com
6. As funds under this Program are limited, please submit documentation as soon as possible, starting January 1st.
7. You will be advised of the Sponsorship Committee's decision.

GEORGE PRINGLE MEMORIAL CAMP SOCIETY BURSARY APPLICATION

Date: D/M/ Y/

Parents/Guardians' Name(s)

Number of Dependents

Street Address:

City:

Province:

Postal Code:

Phone: (h)
(w)

Name of child you are requesting assistance for:

Age:

Gender:

Camp session your child wishes to attend:

How do you feel the summer camp experience will benefit your child?

EMPLOYMENT AND INCOME INFORMATION

NOTE: A copy of your Tax Assessment form must accompany this application to be considered

Current Employer:

Position/Occupation:

Current gross household monthly income from **all** sources *: \$
must be completed for request to be considered

*including employment, spousal, family allowance, U.I.C., W.C.B., pensions, support payments, and any other sources of income

Have asked my parish for assistance Have asked for government assistance

Please provide 1 reference for assistance (ie, clergy, employer, doctor, teacher, principal, social worker, etc)

Name:

Business Phone:

Relationship:

Release Consent: I/We hereby consent that any information regarding this application be released to George Pringle Memorial Camp Society, by the person/organization providing reference for assistance.